



City Clerk's Office
300 W. Ash, Rm. 206
P.O. Box 736
Salina, KS 67402-0736
(785) 309-5735

For office use only:

Licensing Year: _____

Date Received: _____

APPLICATION FOR RECIPROCATATION OF SKILLED TRADE LICENSE

Name _____
(First) (Middle Initial) (Last)

Home Address _____ Phone: _____
(Street) (City) (State) (Zip)

Mailing Address _____
(Street) (City) (State) (Zip)

Skilled Trade Type Please Circle ONLY One

Journeyman Plumber Journeyman Electrician Journeyman Mobile Home Journeyman Mechanical Journeyman Sheet Metal

Master Plumber with Gas Master Electrician Master Mobile Home Master Mechanical

Name of Employer _____ Date of Employment _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employers Phone: _____ Master Skilled Tradesman: _____

Thomson Prometric (Exterior/Block Test/ICC)

NOTE- ICC TEST ACCEPTED FOR MASTER PLUMBING WITH GAS ONLY -NOTE

Date Passed Exam _____ Block Test Score: _____

City and State Exam taken in: _____

I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license.

Date: _____ Print Name: _____ Signature: _____

PLEASE ENCLOSE WITH THIS APPLICATION A COPY OF YOUR CURRENT LICENSE IN ANOTHER TOWN IN KANSAS AND A COPY OF YOUR CERTIFICATE OF COMPETENCY.